Mr. CHICHELE NOURSE asked whether blistering was as useful in congenital as in acquired syphilis.

Mr. H. J. DAVIS related a case in which a condyloma was removed in mistake for a polypus. The dry state of the meatus did not favour the occurrence of a condyloma, unless, that is, there happened to be some ear discharge.

Mr. WAGGETT had found that tertiary ulceration of the posterior pharyngeal wall was, at times, a cause of severe otalgia. He also had seen very few cases of middle-ear suppuration in syphilis, and he referred to one in which facial paralysis appeared some weeks after the performance of the radical mastoid operation.

The PRESIDENT, in reply, said that the cases of deafness in later life attributed by him to syphilis could not be accounted for in any other way, and he took every care in the diagnosis.

TRANSACTIONS OF THE SOCIETY OF GERMAN LARYNGOLOGISTS.

Seventeenth Meeting at Dresden on May 11 and 12, 1910.

President.—Prof. Dr. JURASZ, Lemberg.

Abstract permitted by Dr. F. BLUMENFELD, *Wiesbaden, Secretary.*

May 12.—Business Meeting.

(*Continued from p.* 550.)

A BINOCULAR STEREOSCOPIC LARYNGEAL TELESCOPE.

BY DR. HEGENER (Heidelberg).

It is only possible to see the laryngeal image with one eye, as a clear image is obtained at a distance of 25 cm.; binocular vision has, therefore, to be dispensed with. The same holds good for posterior rhinoscopy and otoscopy. The reduction of the angle of convergence can only be produced by optical instruments. If the normal appearance is desired the image, which has apparently receded, must be brought nearer; this is done by the use of a telescope. The advantages of stereoscopic binocular inspection are so great as to justify the use of complicated apparatus which is necessary for stereoscopic examination. The estimation of distance and depth is improved, and the appreciation of the solidarity of an object is made easier. It is, therefore, of special value in the inspection of the minuter changes in the larynx. The telescope constructed by Hegener was described. This telescope is not

intended to be used in substitution of ordinary methods of examination, but as an adjunct to them in special cases.

Demonstration of a New Joint for Throat, Nose, and Ear Instruments.

By Dr. A. Kuttner (Berlin).

The advantages of this joint are the following:

(1) It is easily separated and put together, it is readily disinfected, and is not liable to go out of order.

(2) It permits of the use of great force.

(3) It is equally suitable for laryngeal, throat, and ear instruments.

(4) The beak of the instrument does not slip on closure.

Ethmoidal Neuroses.

By Dr. Killian (Freiburg).

Killian understands by the term "ethmoidal neuroses" all those reflex neuroses which come from the anterior part of the nasal mucous membrane, *i. e.* from the area supplied by the nervus ethmoideus. He wishes to assign a special position to these neuroses. It is known that stimulation of the sense of smell may produce reflex neuroses, but typical cases seem to be unusual. Reflex neuroses are also seldom produced in the posterior areas of the nose. An accurate knowledge of the anatomical and physiological conditions is, of course, necessary. These were detailed by the aid of diagrams. Killian next pointed out that chemical and mechanical irritation of the ethmoidal region occurs, and in our method of living, especially in closed rooms. The dust in cities also plays a part. Coarser particles are stopped at the nostrils, others follow the course of the inspired air towards the middle turbinated body. This can be readily seen in patients who work in dusty atmosphere; it can also be demonstrated experimentally. The continued stimulation by the impure air of the sensory nerve-endings causes hyperæsthesia. This is the foundation and beginning of every case of reflex neurosis. To form a proper opinion sensory tests are necessary. It is advisable to use a probe armed with wool in order to determine the degree of irritability. Killian has often found areas of hyperæsthesia in the region of the ethmoidal nerve. The degree of hyperæsthesia can be determined in two ways: (1) Through the subjective sensations as to the degree of irritation

or pain; (2) through the objective results of irritation, the clinical significance of which varies. Killian distinguishes between local, regional, and distant effect of irritation. The local results are hyperæmia and hypersecretion in the region of irritation and round about; as a regional effect, feeling of irritation at the inner canthus of the eye, of the inner parts of the eyelids, and of the conjunctiva, hyperæmia of the conjunctiva and a flow of tears. As a distant effect there is, first, nasal cough, which is always to be looked upon as a pathological reflex, and also sneezing; this is also a reflex in which the vagus participates. The last group of symptoms comes under the same category as asthma. The last can only be produced as a nasal reflex if the asthmatic neurosis is established already. The action of the heart can also be reflexly affected from the nose; Killian has observed a characteristic case in an infant. The existence of the ethmoidal neuroses is explained by Killian as due to a summation of stimuli, which, occurring in daily life, produce new and more powerful reflexes, whose disturbing effects are looked on as neuroses.

It must not, however, be denied that cases of nasal asthma occur which do not proceed from the ethmoidal region. From these considerations the treatment is arrived at. The passage of air through the nose must be free, because the particles of dust collect far more in a narrow nose. In asthma anything which disturbs the nasal breathing must be put right. In addition cauterisation of particular areas of the mucous membrane will give good results. If success is not attained by this treatment a break may be made in the reflex path. In ethmoidal neuroses the trunk of the ethmoidal nerve can easily be reached and divided, as Eugene Yonge and Neumayer have already done. The technique of the procedure was further described. Killian's experience extends to but one case.

Dr. NEUMAYER described two cases of nasal asthma which he had treated successfully two years ago by resection of the ethmoidal nerve In a third which he had treated a year previously the result was not so successful. Neumayer investigated the sensibility of the nose after section of the nerve and found it diminished.

Dr. BOENNINGHAUS referred to neuralgia of the ethmoidal nerve and mentioned definite tender spots found in that condition.

Dr. ARONSON recalled his experimental investigations on the physiology of the sense of smell. He considers the tuberculum septi to be the most hyperæsthetic area in the nose.

Prof. HARTMANN referred to the value of simple cocainisation of the nose. He has also seen reflex neuroses arising from the posterior part of the nose.

Herr KILLIAN (Freiburg) (*in conclusion*): The discussion had con-

firmed his contention that reflex neuroses are set up in the anterior areas of the nasal mucosa. An accurate division of the various nerve areas of the nose is desirable.

The Importance of the So-called Primary Tones for Voice Production.

By Dr. Hugo Stern (Vienna).

A primary tone in the physiological sense is the tone produced by the vibrating vocal cords, *i.e.* the pure laryngeal tone such as is produced by the excised larynx. It is a thin, delicate tone, very different from that proceeding from the mouth. The sound which teachers call primary is something quite different. Gutzmann proposes that this sound be called primary singing tone to avoid confusion. Stern is of opinion that by listening alone a proper estimation of the primary singing tone cannot be made, for his own experience has shown him that the muscular sense and muscular memory of the singer is also of great importance. He comes to the conclusion, after quoting a number of authorities, that: The primary tone is that tone from which a systematic development of the voice can proceed. It is the tone which, with proper respiration and use of the vocal cords, and correct formation of the upper air-passages and suitable position of the larynx, permits of the greatest resonance, and which by its freedom and proper conduction, throws the least stress on the larynx and the most on the peripheral parts. It is, finally, the tone which calls into play the muscular sense and memory of the singer, and allows the greatest intermingling of the chest and head tones, and has in consequence an equalising effect on the registers.

Observations on Pupils of Singing.

By Dr. Nadoleczny.

Nadoleczny first pointed out the effect of changes in the nose in altering the resonance, and the extreme importance of having this put right, while he does not think that so much stress should be laid on the effect of thickening of the lateral bands. He could confirm Imhofer's observation of acute fatigue of the vocal cords where there was commencing defect of single tones. He also observed disturbances in fourteen singers of both sexes who were not fully trained. Irritation in the neck, desire to cough, pain after or during singing, feeling of weight and fatigue were the

symptoms complained of. In these cases there is frequently difficulty in voice production within a definite compass. It is necessary to test the voice throughout its compass in various ways; errors in breathing and articulation must also be looked for. Pneumographic tracings show that the normal respiratory curve described by Gutzmann is lost in these disturbances of the voice. Usually there was a too rapid fall in the abdominal curve, less frequently also in the breast curve. Nadoleczny has also observed the position of the larynx in these disturbances, and found that the larynx rises with the higher notes. He had previously noticed that the larynx rose when the voice was in bad form, while the normal movements were observed when the voice returned to the normal. He also found that palpation of the larynx is a diagnostic aid. Nadoleczny remarked that these observations are of more value to the teacher of singing than to the pupil. He uttered a warning as to the risk of conscious exaggeration of one or another method of breathing, and of forcing on the part of the singer, and so producing stiffness of the body unfavourable alike for the general condition and for the voice. He lays great stress on the psychical effect of singing exercises.

The Changes in the Upper Air-passages in Pregnancy, Parturition, and During the Puerperium.

By Dr. Imhofer.

Imhofer comes to the following conclusions:

During pregnancy and the puerperium conditions of intumescence undoubtedly occur in the upper air-passages, including the nose and the larynx, and in the latter especially in the inter-arytænoid region.

These swellings gradually disappear during the puerperium, and, indeed, the length of the period of rest in bed seems to exercise some influence. During parturition itself the upper air-passages are not affected, but in long-continued and difficult labours hyperæmia and congestion of the larynx may become apparent.

There are no data in support of the view that the intumescence of the inter-arytænoid region, in spite of its similarity to a tuberculous infiltration, is itself tuberculous or predisposes to that condition.

Hæmorrhage occurs in the upper air-passages during pregnancy

and during or shortly after parturition, but it is not so common as is stated in the literature.

Laryngeal pareses are rarely to be attributed with certainty to pregnancy.

The practical importance of these observations is to be found in recalling the fact that where there is already narrowing of the larynx, especially of a tuberculous nature, a dangerous increase may occur during pregnancy, but in practice this danger is not great; it is much more important to remember the risk of making a false diagnosis, especially of tuberculosis.

The changes in the upper air-passages in pregnancy, parturition, and during the puerperium can all be satisfactorily explained by purely mechanical conditions.

PROCEEDINGS OF THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL SOCIETY.

Meeting, 1910.

(*Continued from p.* 555.)

Carcinoma of the Uvula.

By Dr. Edgar M. Holmes.

A new growth in this locality can be easily removed if only the operation can be performed in the early stages of development, before it has extended into the palate and into the tonsillar area. Early in the disease there is much less chance of the cervical lymphatics being infected, and there is, of course, much less of the surrounding tissue to be removed, and therefore there is much less resulting deformity.

There is a particular reason for haste in removing malignant growths from this locality, as the lymphatics drain into the submaxillary and deep cervical glands.

The diseases which may simulate in appearance carcinoma of the uvula are syphilis, tuberculosis, traumatism, Vincent's angina, and pemphigus. Of these, syphilis is by far the most common. A necrosing syphilitic gumma may produce absolutely similar appearances macroscopically to those produced by malignant new growths. Occasionally a tuberculous ulceration may produce a